Dkt. No. Y&A-129

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a be	elow named inventor, I he	ereby declare that:				
	idence, post office addres					
I believ	e I am the original, first	and sole inventor (if o	nly one name i	s listed below) or at	n original, first and joi	nt inventor (
	names are listed below) of					
	MED ARTICLE OF T	<u>HERMOPLASTIC</u>			<u>D PROCESS FOR</u>	
PROI	DUCING IT		, the spec	fication of which:		
(check	one) 🙇 is att	ached hereto	□ was filed	on	as	
			Application	n Serial No	and	Ĺ
				ded on		
			•		(if applicable)	
I hereb	y state that I have review	ed and understand the	contents of th	e above identified s	pecification, including	the claims, a
	ed by any amendment refe					
	wledge the duty to disclo					
I hereb	y claim foreign priority b	enefits under 35 U.S.	C. §119(a)-(d)	or §365(b) of any	foreign application(s)	for patent o
invento	r's certificate, or §365(a)	of any PCT internation	nal application	which designated	at least one country of	other than the
United	States, listed below and h	nave also identified bel	ow any foreign	application for par	ent or inventor's certi	ficate, or PC
	tional application having					
4			••	-	·	
(a	Prior Foreign Application	n(s)		Prio	rity Claimed	
<b>Q</b>	2001-205031	Japan	05/07/	2001		
M	(NUMBER)	(COUNTRY)	(FILED DA	4/Y) Y	ES NO	
1						
r m	(NUMBER)	(COUNTRY)	(FILED D/		ES NO	
I hereb	y claim the benefit under	35 U.S.C. §119(e) of a	any United Sta	tes provisional appl	ication(s) listed below	<b>'-</b>
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ļ <sub>i</sub> ti.	(APPLICATION NUMBER)	(FILING D	ATE)			
70	(APPLICATION NUMBER)	(FILING DA	ATE)			
	(AFFEICATION NOMBER)	(PILINO DA	112)			
	y claim the benefit under	- 35 IISC 8120 of ar	v United State	es application(s) o	r 8365(c) of any PCT	'internationa
	ion designating the United					
	isclosed in the prior Unit					
	C. §112, I acknowledge th					
which h	ecame available between t	he filing date of the pr	ior application	and the national or	PCT international fili	ng date of this
applicat		ne ming date of the pr	or application	and the national of	1 C1 international tim	ig date of this
арриса	-					
	(APPLICATION SERIAL NO	.) (FILING	DATE)	(STATUS)		
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				•		
	(APPLICATION SERIAL NO	.) (FILING	DATE)	(STATUS)		
			•			
POWER	ROF ATTORNEY: As a	named inventor, I he	reby appoint the	ne following attorn	eys and/or agents to p	prosecute this
applicat	ion and transact all busin	ess in the Patent and	Frademark Off	ice connected there	with:	
		Reg. No. 19,636		n Holler	Reg. No. 29,266	
Edwin		Reg. No. 19,967	Kar	l Hoback	Reg. No. 23,026	
	<b>J</b>	Reg. No. 26,588	Rol	ert L. Haines	Reg. No. 35,533	
		Reg. No. 19,637			, ,	
,		= 0				
SEND C	CORRESPONDENCE TO	:	DIR	ECT TELEPHONI	E CALLS TO:	
		<u>-</u>		`		

SHERMAN & SHALLOWAY 413 North Washington Street Alexandria, Virginia 22314 (703) 549-2282

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

Full name of sole or	Hideo		AKIMOTO			
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Date of signature	October 17. 2000 200/					
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Citizenship	Japan					
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(insert complete mailing address, including country)	580-30, Nagaura, Sodegaura-Shi, Chiba 299-0265, Japan					



**HERETO** 

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

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Inventor's signature	Tatsujù	Kawamura				
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Full name of						
fifth inventor	GIVEN NAME	MIDDLE NAME	FAMILY NAME			
Full name of fifth inventor Inventor's signature			- W			
Date of signature	, <del></del>					
Residence	· · · · · · · · · · · · · · · · · · ·					
<b>L</b>	CITY	STATE OR PROVINCE	COUNTRY			
U Citizenship						
Post Office Address						
insert complete mailing address, including country)						
Full name of			·			
sixth inventor	GIVEN NAME	MIDDLE NAME	FAMILY NAME			
Inventor's signature						
Date of signature						
Residence						
	CITY	STATE OR PROVINCE	COUNTRY			
Citizenship						
Post Office Address						
(insert complete mailing address, including country)						

ADDITIONAL INVENTORS ARE BEING NAMED ON SEPARATELY NUMBERED SHEETS ATTACHED